

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

February 24, 1983



ALL-COUNTY INFORMATION NOTICE I- 30-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: UNACCOMPANIED MINOR SEMI-ANNUAL REPORT

REFERENCE:

This letter is to advise all County Welfare Departments that semi-annual progress reports for unaccompanied refugee/entrant minors will be due on March 31, 1983.

The reporting period began September 1, 1982 and will end on February 28, 1983.

A revised form CA 900 (copy attached) is to be completed for each unaccompanied minor in your county and forwarded to:

Office of Refugee Services  
744 P Street, M.S. 9-111  
Sacramento, CA 95814

Attention Maria Hernandez

NOTE: For the purpose of identification, please note in the upper right hand corner of the CA 900 whether the report is Final (i.e., the case is being closed) and whether the person is a Refugee or Cuban/Haitian Entrant.

A handwritten signature in dark ink, appearing to read "R. E. Reich".

R. E. REICH

Chief Deputy Director

Attachment

cc: CWDA  
ORR-SF

GEN 654a (9/79)

# REQUEST FOR INFORMATION ON UNACCOMPANIED REFUGEE/ENTRANT CHILD

Check Appropriate Item

- ☐ Final Report  
☐ Refugee  
☐ Cuban/Haitian Entrant

NAME (LAST, FIRST, MIDDLE)	SEX
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ALIEN NUMBER	SOCIAL SECURITY NUMBER	BIRTHDATE (MONTH, DAY, YEAR)
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NAME AND LAST KNOWN ADDRESS OF PARENTS OR RELATIVE:

## TYPE OF CURRENT PLACEMENT

☐ Foster Family     
 ☐ Group Home     
 ☐ Institution     
 ☐ Supervised Independent Living

NAME AND ADDRESS OF FAMILY OR INSTITUTE WHERE CHILD IS RESIDING (IF SUPERVISED INDEPENDENT LIVING, DESCRIBE)

LEGAL CUSTODY OR GUARDIANSHIP IS HELD BY

NAME OF SOCIAL AGENCY

ADDRESS

IS CHANGE IN STATUS OF LEGAL CUSTODY OR GUARDIANSHIP PLANNED?	IF YES, WHAT CHANGE IS PLANNED? WHY?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Briefly describe the child's current functioning in terms of relationship with adults and peers; physical health; emotional well-being; knowledge of English language; and school achievement. (Use back of form if needed.)

Briefly describe the case plan for the child, including short-range and long-range objectives until the time it is anticipated the child will become independent. This should include information about educational and vocational plans. If problems are indicated, briefly describe the services to be provided. (Use back of form if needed.)

NAME OF AGENCY	NAME OF PERSON COMPLETING FORM	DATE
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